## REQUEST FOR INDIVIDUALIZED PROCEDURES IN SCHOOL - TRACHEOSTOMY
## SCHOOL YEAR _____

Please complete form in ink.

| CHILD'S NAME (Last, First): | BIRTHDATE: | GRADE/ROOM: |
|---|---|---|
| ADDRESS: | ZIP CODE: | HOME PHONE: |
| SCHOOL: | PHN SECTION (Agency use): | BUS.PHONE:<br>Mother: Father: |
| Please check () child's health insurance plan: QUEST_____MEDICAID_____CHAMPUS_____HMSA-Private_____KAISER-Private_____<br>OTHER (Specify) NO INSURANCE_____ | | |

## I. AUTHORIZATION AND CONSENT FOR SERVICES

I request and authorize the Public Health Nursing personnel to administer individualized health care procedures as prescribed by my child's physician. I understand that a new request with physician's orders is to be processed should there be any change in treatment. I will provide the school with the necessary supplies/equipment to perform this service for my child. This authorization will be in effect for the above stated school year.

PARENT'S NAME:_____ PARENT'S SIGNATURE:_____ DATE:_____
(*type/print)*

## II. AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

I authorize the release of information about the specialized health care procedures/services related to my child's condition between the child's prescribing physician, public health nurse/special needs nurse, and the school for effective service provision. This authorization will be in effect for the above stated school year.

PARENT'S NAME:_____ PARENT'S SIGNATURE:_____ DATE:_____
*(type/print)*

## III. PHYSICIAN'S REQUEST

**DIAGNOSIS:**_____ **WEIGHT**:_____
**HEIGHT:** _____

| | | |
|---|---|---|
| **TRACHEOSTOMY:** | ❑ **Type:** _____ **Size:** _____<br>❑ Artificial nose<br>❑ If trach gets dislodged,_____ | |
| **TREATMENT:** | ❑ **Suction** and/or **irrigate** with saline every _____ hours<br>❑ **Ambu Bag prn**: Yes _____ No _____ | |
| | ❑ **Oxygen** at _____liters per trach collar,<br>❑ Humidification | ❑ **Continuous**<br>❑ **Prn** |
| | ❑ **Pulse oximeter**: Check every _____ hours.<br>Maintain oxygen saturation between _____%. | |
| Other Special Considerations: | | |

PHYSICIAN'S NAME: _____ PHYSICIAN'S SIGNATURE: _____
(*type/print)*
ADDRESS:_____ TELEPHONE:_____ DATE:_____

## IV. DEPARTMENT OF HEALTH AUTHORIZATION

Authorization of RN:_____ DATE:_____
Public Health Nurse's Signature

PHN/SH38TR (Rev. 06/02)

**INSTRUCTIONS FOR REQUEST FOR ADMINISTRATION OF INDIVIDUALIZED HEALTH CARE PROCEDURES IN SCHOOL BY SPECIAL NEEDS NURSES**

1. **This "Request for Administration of Individualized Health Care Procedures (IHCP) in School" is initiated when skilled nursing procedures are deemed necessary to promote the student's health and well being at school. All IHCP will be administered with completion of PHN/SH 38.**

2. **PARENT must complete SECTIONS I and II.**

3. **PHYSICIAN must complete SECTION III.**

4. **When SECTIONS I, II & III have been completed, PARENT is to return this form to the Health Room or Public Health Nurse/Special Needs Nurse.**

**GENERAL INSTRUCTIONS**

1. **Only procedures deemed necessary to promote the student's health and well being will be performed during the school day. Determination will be made by evaluating the student's needs and health status.**

2. **Upon approval of this request, parent:**

   a. **will be notified.**

   b. **will be requested to send in all supplies and equipment needed to provide the ordered procedure(s). A list of needed supplies and equipment will be given to parents.**

   c. **will be requested to provide a clear picture of the student receiving IHCP to the Special Needs Nurse (optional).**

3. **Should there be any significant change in treatment/procedure order(s) by the physician, a new PHN/SH 38 (order request form) must be processed. This should be sent to school with supplies/equipment needed to perform the procedure(s) in accordance with the new order(s).**

4. **Any modification in procedure (e.g. amount of tube feeding, time) will require a provider's prescription except on occasions when accommodations are made for off campus activities. The parent should clear these with the physician in advance.**

5. **This form is good for current school year and must to be renewed annually. Parent is responsible for obtaining form for the following school year.**